



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David L. Brock and Gary S. Rogers

Application No.: 10/034,871 Group: 3737

Filed December 21, 2001 Examiner Barry Pass

Confirmation No.: 1458

For: MEDICAL MAPPING SYSTEM

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>4-28-04</u>	<u>Pamela Sarno</u>
Date	Signature
<u>PAMELA SARNO</u>	
Typed or printed name of person signing certificate	

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment is being filed in response to the Office Action mailed from the U.S. Patent and Trademark Office on October 29, 2003 in the above-identified application. Reconsideration and further examination are requested.

An extension of time to respond to the Office Action is respectfully requested. A Petition for Extension of Time and the appropriate fee are being filed concurrently with this Amendment.

Please amend the application as follows:

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[ X ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established upon filing of the application.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	13	MINUS	* 40	0
INDEP	1	MINUS	** 8	0
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 9	\$ 0
X \$43	\$ 0
+ \$145	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$86	\$
+ \$290	\$

TOTAL = \$ 0

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TECHNOLOGY CENTER 3700

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	
<input type="checkbox"/>	Amendment Fee	\$	
<input type="checkbox"/>	Other Fees:		
		\$	
		\$	
	TOTAL:	\$	0

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$	475
<input type="checkbox"/>	Amendment Fee	\$	
<input type="checkbox"/>	Other Fees:		
		\$	
		\$	
	TOTAL:	\$	475

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol M. Fleming  
Caroline M. Fleming  
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Concord, Massachusetts 01742-9133

Dated: 4/28/04